Testimony on HB 68 the SAFE Act Proponent Linda Harvey, Mission America, www.missionamerica.com

Thank you for allowing me to submit testimony in favor of House Bill 68, the SAFE Act. This legislation is desperately needed to protect children from physical harm before they are able to fully understand or legally consent. And that harm is sadly, being inflicted by medical professionals.

The reality is that no child should ever be subjected to medication or surgery that attempts to change his or her gender. Medical professionals who recommend such treatment have been severely compromised. They back this treatment solely for ideological, not medical purposes.

What's happening to the conscience of the medical profession is shocking and a tragic reminder that, at times throughout human history, fads have trumped science, and even intelligent and well-educated humans can be profoundly deluded.

If I might be permitted, I would like to offer perspective on this issue from my two and a half decades of monitoring and reporting on social movements in America. Why is America suddenly and inexplicably talking non-stop about males becoming females and vice versa? This "demand" did not arise organically. This is a manufactured issue from a newly created vulnerable youth audience, one that is desperate for a quick fix to relieve the rising tide of emotional troubles or typical adolescent stresses. That inauthentic solution is actually, body mutilation.

In 2007, the first clinic in the U.S. for treatment of gender identity disorders among youth opened in Boston. Today <u>there are over 400</u>, some with hospital affiliations and many other dispensaries where medications are readily available to children, sometimes without parental involvement. This includes many Planned Parenthood locations. Most of these do little patient evaluation before quickly dispensing opposite sex hormones. Other patients receive this medication by mail.

What happened? Did the U.S. population change? Was there widespread suppression of an unacknowledged need?

No. There arose a well-financed and influential "LGBTQ" movement looking for an emerging issue to follow same sex "marriage" which they anticipated becoming law. They did not want to lose power or influence in the Democratic Party, so another special interest group to claim alleged oppression was needed. Joined by Big Pharma (Pfizer, AbbVie and others, seeking expanded markets for existing medications), the Pritzker family, the Gill Foundation, Arcus Foundation, Tides Foundation and others sympathetic to the sexual left financed these clinics and thus, a new product line for health care institutions.

At Cincinnati Children's Hospital, one key funder of that gender clinic is a <u>producer of sex toys</u>. Yes, it's just as slimy as it sounds. To create the "need," teachers' unions obligingly joined activist groups to demand school programs and curricula normalizing "LGBTQ" behaviors and within a few short years, the numbers of youth identifying as the opposite sex as well as "non-binary" or "gender queer" etc. began to rise sharply. A <u>recent Gallup poll</u> shows that 20% of young adults, Gen Z Americans, identify as "LGBTQ." The rise continues unabated despite CDC research showing a high correlation between teens with these identities and other high risk practices.

Our children are the guinea pigs of a heartless experiment, because there exists **<u>zero</u>** solid research demonstrating that puberty blockers, cross-sex hormones, or surgeries to remove/alter healthy body parts/functions are beneficial to minors in the long term.

Clinics now have a practice of ushering confused children instantly into gender distortion treatment. Yet less than two decades ago, the protocol was "watchful waiting" as well as treatment for underlying mental health issues. That is not happening and as a result, many mental health problems are being left untreated while the false idol of gender "transition" is pursued. And proponents inaccurately call this "life-saving" when <u>solid research</u> about long-term outcomes shows that those who transition have much higher, not lower, likelihood of suicide or other psychiatric issues.

No research has demonstrated a need to change the practice of watchful waiting. We need to come to our senses and join many countries in Europe that are leaving the model of instant affirmation behind and follow actual science, not witch doctors.

Thank you.